BEST AVAILABLE COPY

UTILITY Original U.S. or PCT D/O

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name:

tute und i den	enies, bost office and see win em	courside are as server	I ORIOM HEY! IN HIS US	ter;	
that I verily inventors are nanod I METHODS OF USE	believe I am the original, first and below) of the invention entitled: I THEREOP	cole inventor (if oni NOVEL CENE TI	y one game is listed bo SAT 15 AMPLIFIE	tiow) or an original, first a D AND GVEREXPRES:	nd joint inventor (if pland IED IN CANCER AND
X was filed M	hich (check one(s) applicable) farch 26, 1999 as International m No. is be		PCT/US99/06633 . on	which U.S. Patent	
and was ame	nded by Amendment filed		(if applicable);	[a];	
that I have to	this Doelaration, Power of Attern viewed and understand the content d that I acknowledge my duty to d . §1.56(a)].	is of the above-idea	tified specification, is	coluding the claims, as am ac examination of this app	ended by any amendment lication in accordance wit
CLAIM UNDER 35 I below:	USC §119(¢); I hereby ciaim ti	ne benefit under 3	5 USC §119(e) of a	ny United States provisi	onal applications listed
	Provisional Application No.	Filing Date DaviMorYear		•	
	60/079,649	27 March 1998			
following individual(s	ENEY: As inventor, I hereby appo s) as my attorneys or agents with fi connected therewith: Kathleen D	ill power of substitu	tion to prosecute this	scolication and to transact	all haviness in the Passer
POWER TO INSPE	ICT: I hereby give DANN, DO! to inspect and obtain copies of the	RPMAN, MERREI popers on file relat	L AND SKILLMAI	N, P.C. of Philadelphia, I	A or its duly accordited
SEND CORRESPON	ndence to: Customer Nu	MBER 000110.			•
DIRECT INQUIRE	S TO: Telephone: (215) 563-41 Faccimile: (215) 563-484				
of Title 18 of the United	equements made herein of my own knor e made with the knowledge that willful Smith Code and that such willful false	fille titlements and ()	ngise the Adjigith of the	nable by fine or imprisonment, application or any pacent issu	or both, under Section 1001 ed thereon.
SOLE OR PI	RST JOINT INVENTOR		SECOND	JOINT INVENTOR (IF ANY)	
full Name <u>Suri</u> First	inder K. Barra		Full Name Mi	ichael A.	Egllingsworth
Signature			Signaturo	Market of 1	JAB .
Date 9	26 00	····	Date	728/00	000
Residence Omaha	Nebracka		Residence On	aha	Nebraska
City	State or Country		C	ty State	or country .
Citizenship <u>Dn</u> j	ited Staces of America		Citizenship <u>U</u>	nited States of A	mexica
Post Office Address:			Post Office Address:		
\$109 North 119th Street			163.71 Page Street		
Qmaha	Mob=Aska 6	6164	Omaba	Nebraska	68118
		p Code	City	State or Country	Zin Code